

EXPENSES CLAIM FORM

- FOR DETAILED INSTRUCTIONS - SEE INSTRUCTIONS TAB.
- ALWAYS USE A NEW MASTER FORM FOR EACH CLAIM, DO NOT USE A PREVIOUSLY COMPLETED ONE AS FORMULAE ARE LOST WHEN OVER-WRITTEN.
- PLEASE USE THIS FORM FOR PROVISION OF OFFICE COSTS CLAIMS
- DO NOT INCLUDE PARKING DUE FROM THE STAFF PARKING SCHEME.
- MAKE SURE ERRORS LISTED IN CELL I50-I52 ARE RESOLVED BEFORE SUBMITTING CLAIM

[illegible]

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NAME:						Emma							Bate								DATE OF CLAIM: DD/MM/YY <div></div>									22/02/18									CLAIM REFERENCE:									Bate22-02-18																					
															COST CENTRE (TEAM NUMBER / NAME):															110 - GENERAL COUNSEL									overwrite this cell with currency if "other" selected below									FINANCE USE																					
DATE & TIME (FOR SUBSISTENCE CLAIMS)																																																																					
RECEIPT DATE/ TRIP START			TRIP END			TOTAL TRIP	REASON FOR TRIP															DESCRIPTION OF EXPENSE															CATEGORY									RECEIPT NUMBER											NO. MILES			NO. PASSENGERS			AMOUNT CLAIMED <small>CHOOSE CURRENCY</small>			PROJECT CODE			
DD/MM/YY			00:00:00			DD/MM/YY			00:00:00			HRS	WHY YOU TRAVELLED															WHAT YOU PAID FOR															CHOOSE FROM DROP DOWN LIST									ENTER NUMBER UNLESS N/A APPEARS									UK £			USE DROP DOWN LIST			CODE		
01/02/18			07:55:00			01/02/18			22:40:00			14.75	External meetings in London															Car parking to catch train from Wilmslow station															Parking & tolls 26001									1			N/A			N/A			3.70			NO PROJECT - 0000			110-26001-0000		
																												Food/drink															UK Subsistence & meals 26001									2			N/A			N/A			5.15			NO PROJECT - 0000			110-26001-0000		
																												Food/drink															UK Subsistence & meals 26001									3			N/A			N/A			3.90			NO PROJECT - 0000			110-26001-0000		

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NAME:				James				Dipple-Johnstone				DATE OF CLAIM: DD/MM/YY				28/02/18				CLAIM REFERENCE:				Dipp28-02-18											
												COST CENTRE (TEAM NUMBER / NAME):												SELECT COST CENTRE HERE				overwrite this cell with currency if "other" selected below							
DATE & TIME (FOR SUBSISTENCE CLAIMS)																																			
RECEIPT DATE/ TRIP START				TRIP END				TOTAL TRIP				REASON FOR TRIP				DESCRIPTION OF EXPENSE				CATEGORY				RECEIPT NUMBER		NO. MILES		NO. PASSENGERS		AMOUNT CLAIMED CHOOSE CURRENCY		PROJECT CODE		FINANCE USE	
DD/MM/YY 00:00:00				DD/MM/YY 00:00:00				HRS				WHY YOU TRAVELLED				WHAT YOU PAID FOR				CHOOSE FROM DROP DOWN LIST				ENTER NUMBER UNLESS N/A APPEARS						UK £		USE DROP DOWN LIST		CODE	
19/02/18				20/02/18				n/a				Meetings with Dutch DPA - The Hague				Incidental overnight expense				Overseas overnight incidental allowance 2				N/A				N/A		10.00		NO PROJECT - 0000		SEL-26002-0000	
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